

Concordia University
Student Medical Insurance Enrollment Form

If you wish to enroll in the 2010-2011 Concordia University Student Insurance Program and you are enrolling prior to October 15, 2010, complete the following three steps.

1. Complete the Demographic Box:

PERMANENT HOME ADDRESS		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE: ()	CU ID Number:	

2. Attach a check for \$550.00 made payable to: "LUTHERAN TRUST"

STAPLE OR TAPE CHECK HERE

3. Return this form to:

**Concordia University
Administrative Services Office
2811 NE Holman
Portland OR 97211-6099**

The policy period for the student insurance is from August 1, 2010 until July 31, 2011.

If you are applying for coverage AFTER October 15 see the special conditions noted below and complete the following: PLEASE NOTE: Students will <u>not</u> be allowed to enroll in the student health plan after the enrollment/waiver period (October 15) unless proof is furnished to the insurer that the student became ineligible for coverage under another group insurance plan. The student must apply for coverage during the first 60 days after he/she becomes ineligible for coverage under a prior policy or plan.	
Qualifying events include:	
<input checked="" type="checkbox"/> Loss of previous coverage due to ineligibility (age, etc.), or loss of employment	
<input checked="" type="checkbox"/> New to the college	
<input checked="" type="checkbox"/> Drastic reduction in coverage from previous carrier	
Proof of the reduction in coverage or loss of coverage must be provided to and accepted by the insurer before coverage will become effective.	
Student – Check the condition applicable to you then sign and date in the space provided.	
_____	I have reviewed the above information and affirm that I qualify for coverage due to one of the qualifying events noted. (Proof of ineligibility under a previous plan must be attached.)
_____	I have reviewed the above information and affirm that I do NOT qualify for coverage as noted above, but do qualify for the following reason: (Proof of eligibility may be required depending on reason provided.)

_____	_____
Signed	Date